

State of Illinois
Department of Children and Family Services

CONSENT FOR RELEASE OF INFORMATION

1. I, _____, hereby give consent to:
2. _____
(Provider of Information) (Address)
3. to release information concerning _____ b.d. _____
4. to: _____
(Address)
- TYPE OF INFORMATION (CIRCLE)**
5. Medical (specify): _____
6. Mental Health (specify): _____
7. Education: _____
8. Social History/Assessment (specify): _____
9. Financial (specify): _____
10. Other (specify): _____
11. THE PURPOSE FOR REQUESTING THIS INFORMATION IS: _____
12. I UNDERSTAND THAT IF I REFUSE TO CONSENT, THE FOLLOWING MAY HAPPEN: _____

I understand that I have the right to inspect and copy the information disclosed, except for certain adoption records, certain information regarding the identity of a source of information or the location of the child, or under certain circumstances where information was received from a minor under a promise of confidentiality.

I understand that I may revoke this consent at any time by notifying _____ in writing. I also understand that, even if I do not revoke this consent, the consent will expire one year from the date provided on line 13 below. A revocation will not affect information previously disclosed.

13. _____ Date
14. _____ Signature of Consenting Party
15. _____ Signature of Minor (Age 12-17)
16. _____ Address of Consenting Party
17. I, _____, the Parent, or the Legal Guardian or Custodian, appointed pursuant to 705 ILCS 405/2-11 or 705 ILCS 405/2-27, am authorized to act on behalf of the minor, _____, and I hereby consent to this limited disclosure under the terms stated above. The legal guardian or custodian or parent is the legal representative of the unemancipated minor, pursuant to HIPAA, 45 CFR 164.502(g), unless otherwise required by law.
18. _____ Date
19. _____ Signature of Parent, Guardian, or Authorized Representative
- _____ Signature of Witness
- Send completed form to:** Department of Children & Family Services,
Randy Wells, Chief, Office of Legislative Affairs, 406 East Monroe, #75
Springfield, IL 62701, Phone: 217/785-2504

REDISCLASURE CONSENT: The information to be disclosed is confidential and is provided only to the party specified in the above consent. The receiving party cannot redisclose the information, with the exception of reports and other information that is required to be released to the court and certain parties to juvenile court proceedings as delineated in the Juvenile Court Act, 705 ILCS 405 and to _____

(if none other, enter "none other").

Signature of Consenting Party

Signature of Minor (Age 12-17)

Date

Date

See reverse side of form for instructions.

INSTRUCTIONS FOR COMPLETING THE CFS 600-3

- Line 1:** Enter the name of the person giving consent.
- Line 2:** Enter the name and address of the facility or person that is the custodian of the information requested. It may be necessary to prepare a consent form for each provider if there are multiple providers with medical, mental health or substance abuse records that need to be released.
- Line 3:** Enter the name and date of birth of the person whose records or information will be released. Prepare a separate consent form for each person whose records are to be released.
- Line 4:** Enter the name and address of the agency or person to which the information will be released. Do not use specific names to avoid problems in the event of case transfers, job changes, etc. If it will be necessary to share the information beyond DCFS, the private agency or contractor, the Redislosure Consent section at the bottom of the form must be completed. Without consent for redislosure it may be necessary to prepare additional consent forms to authorize redislosure.
- Lines 5-10:** Enter the specific type of information to be released. Include relevant years of treatment/services. The law prohibits blanket consents. The consent should cover all documents **relevant** to the purpose for which the information is requested. You do not need to know of the existence of a particular document to request it. There should be a correlation between the type of information requested and the reason(s) for the request entered on line five. For example, if the purpose for the request is to assess parenting capabilities, the information requested must relate to the individual's ability to function or to parent, which may include therapist's notes, reports or other mental health information.
- Line 11:** Enter the reason for requesting the information. Frequently used reasons include:
- casework planning;
 - provision of social services;
 - evaluation for purposes of service planning/placement/licensing decisions;
 - assessment of parenting capabilities;
 - to assess progress in treatment;
 - to assist in determining whether abuse or neglect occurred;
 - to assess safety risks or identify risk factors that could impair the child's safety;
 - to determine prognosis for change; and
 - to determine appropriate visitation.
- Line 12:** Enter the consequences that will be imposed by the Department if the person refuses to consent. Such consequences may include:
- worker may attempt to screen case into court;
 - worker may seek a court order for disclosure;
 - worker may recommend to the court that the child be removed;
 - worker may be unable to recommend expanded visitation to the court;
 - visitation may be denied or delayed;
 - reunification may be denied or delayed;
 - the Department will be unable to assess for provision of services;
 - the Department may weigh failure to consent in determining whether the parent is compliant with services or has completed tasks satisfactorily;
 - the Department may make adverse decisions concerning foster children in your care; or
 - any other valid consequence.
- Workers may not suggest or imply adverse consequences to clients beyond those that the Department can actually impose. In addition, no adverse consequence would flow from failure to consent unless the information sought is reasonably needed by the Department in fulfillment of legitimate departmental functions (i.e., investigating abuse or neglect allegations, providing follow-up services, determining appropriate placement or permanency goal, supporting termination of parental rights or licensure).
- Line 13:** Enter the date the consent form is signed. The consent will expire one year from the date signed.
- Line 14:** After all sections of the form have been completed, have the appropriate person sign the form. If the records are for an adult, the adult should sign. If the records of a child (age 11 and under) are sought, the parent or guardian should sign. If the child is a ward, the Guardian of the Department should sign the form.
- Line 15:** Children 12 years of age or older are required to sign the consent in addition to their parent or guardian when their mental health information and information regarding birth control services, pregnancy, treatment for sexually transmissible diseases or drug or alcohol abuse treatment is requested.
- If a Department ward is age 18 or over and has not been declared incompetent by a court of law, only the ward may consent to release of his/her personal information.
- Line 16:** Enter the address of the consenting party.
- Line 17 - 18:** Enter the signature and relationship of the person giving consent to the person whose information is requested.
- Line 19:** A witness who is familiar with the person giving consent must sign the consent form when mental health information is requested. The witness should be someone other than the worker.

Redislosure Consent: This section must be completed when the information will be shared with persons outside of the Department or private agency or contractor named on line 4. For information referenced in line 15 of the instructions, the same procedures must be followed for redislosure.